Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS121AGC	A. BUILDING _____ B. WING _____	C 12/30/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDE SENIOR LIVING	2465 E TWAIN AVE LAS VEGAS, NV 89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 12/30/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 73 total beds. The facility had the following category of classified beds: Category 2 - 73 beds The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons. The census at the time of the survey was 36. Ten resident files and one closed resident file were reviewed and 10 employee files were reviewed. There were 2 complaints investigated during the survey. Complaint #NV00008693 Unsubstantiated Complaint #NV00020234 Substantiated (Tag Y0599) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000	4/17/09 Acceptable POC Debra L Seegerka	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 4/8/09

STATE FORM 6899 CP1D11 If continuation sheet 1 of 31

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Y 067 SS=C	449.196(1)(c) Qualifications of Caregiver- Read regulation NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure 9 of 10 employees read and understood the provisions of NAC 449.156 to 449.2766 (Employee #1, #2, #3, #5, #6, #7, #8, #9, #10). Employee #1 was hired on 5/27/08. The personnel file lacked documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. Employee #2 was hired on 12/9/08. The personnel file lacked documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. Employee #3 was hired on 9/16/08. The personnel file lacked documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups.	Y 067		

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Y 067	Continued From page 2 Employee #5 was hired on 4/29/08. The personnel file lacked documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. Employee #6 was hired on 11/9/07. The personnel file lacked documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. Employee #7 was hired on 7/18/08. The personnel file lacked documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. Employee #8 was hired on 5/8/07. The personnel file lacked documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. Employee #9 was hired on 2/14/07. The personnel file lacked documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. Employee #10 was hired on 9/28/08. The personnel file lacked documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. On 12/30/08 in the afternoon, Employee #1 indicated he did not realize this statement was required of employees.	Y 067	Y067 A: Employee #1, 2, 3, 6, 7, 8, And 10. have read and Acknowledged as well as signed that they understood the Provisions of NAC 449.156 to 449.2766B B: All employee files will be reviewed every 6 months to ensure employees have read and understood the provisions of NAC 449.156to 449.2766. The administrator will monitor for compliance. C: 03/06/09 Employees #5 and #9 no longer employed here As of 02/07/09 and 02/27/09 respectively.	

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Y 067	Continued From page 3 Severity: 1 Scope: 3	Y 067		
Y 070 SS=D	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 8 hours of training related to providing for the needs of the residents was received annually by 1 of 10 employees (Employee #6). Findings include: Employee #6 was hired on 12/1/07. The personnel file lacked documented evidence of eight hours of annual caregiver training. Severity: 2 Scope: 1 Repeat deficiency from survey 12/18/07	Y 070	Y070 A: All caregivers have been enrolled in a state approved training to be held on 03/31/09. Personal Care Director will be conducting the class. Employee# 6 is not a care-giver. She is a food server. B: All employees files will be reviewed quarterly to ensure annual training. The administrator will monitor for compliance. C: 03/31/09 Exhibit B	
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

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Y 103	Continued From page 4 This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a	Y 103	Y103 A: Employees # 1, 3, and 4 have the documentation in employee file. Employee # 5 no longer employed. Employee #6 and #8 will have corrected by 03/31/09. B: Administrator will monitor employee files frequently to ensure compliance with this matter. C: 03/31/09	

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Y 103	Continued From page 5 history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge	Y 103		

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Y 103	Continued From page 6 of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. Based on record review, the facility failed to ensure that 7 of 10 employees had received the required tuberculosis (TB) skin testing and/or TB documentation (Resident #1, #3, #4, #5, #6, #8 and #10). Findings include: Employee #1 was hired on 5/27/08. The employee's file contained a negative chest x-ray report dated 10/30/08. The file did not contain evidence in the form of a positive skin test or a physician statement that the resident had tested positive for TB. The employee's file did not contain the results of physical examination or a physician certification the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. Employee #8 was hired on 5/8/07. The employee's file did not contain the results of physical examination. Employee #10 was hired on 9/30/08. The employee's file contained documentation the employee completed the first step of the required two-step TB skin test on 9/26/08. The file did not contain evidence the employee completed the second step.	Y 103		

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Y 103	Continued From page 7 Employee #3 was hired on 9/16/08. The personnel file lacked documented evidence of an initial two step tuberculin screening. Employee #4 was hired on 2/11/06. The personnel file lacked documented evidence of an annual tuberculin screening for 2008. Employee #5 was hired on 4/29/08. The personnel file lacked documented evidence of an initial two step tuberculin screening or documented evidence of a positive TB screening test. The file included a negative chest Xray dated 10/26/08 and a physician's statement dated 7/25/08. Employee #6 was hired on 12/1/07. The personnel file lacked documented evidence of an initial two step tuberculin screening. Severity: 2 Scope: 3 This is a repeat deficiency from the survey on 12/18/07.	Y 103		
Y 104 SS=A	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: Based on record review the facility failed to	Y 104	Y104 A: This employee is no longer employed with us. Resigned as of 02/07/09 B: The administrator will be responsible for auditing and continued compliance with new employee files. C: 03/31/09	

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Y 104	Continued From page 8 ensure the references supplied by the employee were checked by the residential facility for 1 of 10 employees (Employee #5). Findings include: Employee #5 was hired on 4/29/08. The personnel file lacked documented evidence of reference checks. Severity: 1 Scope: 1	Y 104		
Y 206 SS=F	449.211(4)(a) Automatic Sprinklers-Quarterly Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (a) Not less than once each calendar quarter by a person who understands the manner in which the system operates and the manner in which it should be maintained. This Regulation is not met as evidenced by: Based on observation, interview, and record review, the facility failed to have two quarterly inspections on the automatic sprinkler system completed by a person who understands the manner in which the system operates and the manner in which it should be maintained. Findings include: On 12/30/08 in the afternoon, observation of the sprinkler system revealed service tags with the	Y 206	Y 206 A: Quarterly sprinkler system Inspections have been scheduled to test sprinklers by Simplex Grinnell on or before 03/31/09. The inspection will be conducted and current service tags for 2009 will be issued. B: Maintenance Manager and Administrator will be reviewing quarterly to ensure that all sprinkler system inspections are completed and documented. C: 03/31/09	

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Y 206	Continued From page 9 dates of service dated 5/08 and 8/08. There were no service tags dated 2/08 and 11/08. On 12/20/08 at 1:20 PM Employee #1 revealed the sprinkler inspection company changed field representatives and was unable to inspect the sprinkler system in 11/08. Employee #9 indicated the inspection was done in 2/08 and he had requested a copy be faxed to the facility. Review of the invoices from the sprinkler service company revealed two invoices dated 5/08 and 8/08. Severity: 2 Scope: 3	Y 206		
Y 252 SS=F	449.217(3) Storage of Food-Adequate storage; Packaging NAC 449.217 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to appropriately store and package food. Findings include: On 12/30/08 at 6:50 AM, multiple food items were noted to be inappropriately stored in the walk in refrigerator:	Y 252	Y 252 A: Walk in cooler was cleaned out and made acceptable for storage of all perishable items such as produce and dairy have a designated location. Thawing shelves and leftover shelves have been labeled. Leftovers considered possible hazardous foods will be discarded within 72 hours. All items will be covered and must be labeled and dated. B: Food Service Director will monitor and ensure that foods are properly stored. C: 02/28/09	

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Y 252	Continued From page 10 1. Egg salad and baked chicken were dated 11/29. 2. Tuna salad was dated 12/25. 3. Chunks of meat were found in a big silver pot covered with saran wrap and no date on the container. 4. There was 1 large pot of uncovered bones. One container of cottage cheese was opened and not dated. 5. Multiple slices of yellow cheese were in a silver container and the top partially covered with saran wrap. On 12/30/08 at 7:25 AM, Employee #5 (Kitchen Manager) indicated the facility would keep food with mayonaise for 3-4 days. The bones and meat were no longer in the refrigerator. The employee revealed the meat was for lunch. Severity: 2 Scope: 3	Y 252		
Y 255 SS=F	449.217(6)(a) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. This Regulation is not met as evidenced by: NAC 446.205 Clothing and hair. (NRS 439.150, 439.200)	Y 255	Y 255 A: An In-Service will be provided for all food service employees regarding the importance of hair restraints as well as overall appearance. Any employee found to be inappropriate for dietary service will be sent home and counseled. Hair restraints will be readily available and staff will be advised where the hair restraints are located B: All department heads will be responsible for monitoring the use of hair restraints to ensure all employees that are required to wear hair restraints are in compliance. C: 03/05/09	

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Y 255	Continued From page 11 1. The outer clothing of all employees must be clean. 2. Except as otherwise provided in this subsection, employees shall restrain their hair to prevent the contamination of food or surfaces that may come into contact with food. Restraints may include nets, caps, hats and hair spray. The health authority may exempt from the provisions of this subsection and subsection 4 employees who serve only beverages and wrapped or packaged foods and hostesses, waiters and waitresses, if the health authority determines that their duties involve minimal risk of contamination to food, equipment, tableware, items intended for a single use and linens. 3. All food handlers shall maintain their hair in a neat and clean condition. 4. All food handlers must wear a hair net if their hair is longer than the collar. Hair which is shorter than the collar may be restrained by any effective means. 5. Sideburns, beards and mustaches must be cropped closely and well-groomed. Based on observation and interview, the facility failed to comply with the standards prescribed in chapter 446.205 of the NAC. Findings include: On 12/30/08 at 6:50 AM, several kitchen workers were asked where to find hair nets. Neither of the kitchen staff knew where there were hair nets. None of the two workers were observed wearing hair nets. Both workers were preparing food for breakfast. On 12/30/08 at 7:25 AM, Employee #5 (Kitchen Manager) indicated hair nets were available and the staff were to wear the hair nets. The	Y 255		

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Y 255	Continued From page 12 employee indicated the staff did not wear the hair nets. The employee took the surveyor into the kitchen to show where the hair nets were located. The dietary consult notes dated July 2008 and October 2008 indicated the kitchen staff had been in-serviced by the contracted Dietician for the need to wear hair nets while in the kitchen. Severity: 2 Scope: 3	Y 255		
Y 280 SS=C	449.2175(10)(a) Dietary Consultant & Services NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (a) The development and review of weekly menus. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure a consultation on the development and review of weekly menus was provided by a registered dietician each calendar quarter. Findings include:	Y 280	Y 280 A: A meeting has been scheduled with the Dietary Consultant on 03/06/09 to go over this survey and any expectations the Administrator or the Food Services Director may have in the future to prevent reoccurance of this matter. B: Administrator as well as The Food Services Director will monitor and ensure compliance in this matter. C: 03/31/09 Exhibit C	

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Y 280	Continued From page 13 There was documented evidence of weekly menu development on July 21, 2008 and October 23, 2008. There was no documentation of a dietary consultation for the other two calendar quarters. On 12/30/08 in the afternoon, Employee #1 indicated he did not know why there was only two quarterly dietary consultations as he was not at the facility during part of 2008. Severity: 1 Scope: 3	Y 280		
Y 281 SS=C	449.2175(10)(b) Dietary Consultant - Employee Training NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (b) Training for the employees who work in the kitchen. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure training for the employees who work in the kitchen was provided by a registered dietician each calendar quarter. Findings include:	Y 281	Y 281 A: A meeting has been set up with the Dietary Consultant on 03/06/09 concerning the survey as well as any expectations by the Administrator and Food Services Director pertaining to employee training. B: Administrator and Food Services Director will monitor employee training to ensure compliance. C: 03/31/09	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDE SENIOR LIVING	2465 E TWAIN AVE LAS VEGAS, NV 89121

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Y 281	Continued From page 14 There was documented evidence of training for the employees on July 21, 2008 and October 23, 2008. There was no documented evidence of a dietary consultation for the other two calendar quarters. On 12/30/08 in the afternoon, Employee #1 indicated he did not know why there was only two quarterly dietary consultations as he was not at the facility during part of 2008. Severity: 1 Scope: 3	Y 281		
Y 282 SS=C	449.2175(10)(c) Dietary Consultant - Advice on Compliance NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (c) Advice regarding compliance with the nutritional program of the facility. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure consultation regarding compliance with the nutritional program of the facility was provided by a registered dietician each calendar quarter.	Y 282	Y 282 A: A meeting has been set up on 03/06/09 with the Dietary Consultant concerning the recent survey as well as any other issues on compliance. B: Administrator and the Food Services Director Will meet with the Dietary Consultant as needed to discuss compliance issues. C: 03/31/09	

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Y 282	Continued From page 15 Findings include: There was documented evidence of advice regarding compliance with the facility's nutritional program on July 21, 2008 and October 23, 2008. There was no documented evidence of consultation regarding facility compliance with its nutritional program for the other two calendar quarters. On 12/30/08 in the afternoon, Employee #1 indicated he did not know why there was only two quarterly dietary consultations as he was not at the facility during part of 2008. Severity: 1 Scope: 3	Y 282		
Y 283 SS=C	449.2175(10)(d) Dietary Consultant - Staff Observation NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility. This Regulation is not met as evidenced by:	Y 283	Y283 A: A meeting has been set up with the Dietary Consultant On 03/06/09Concerning the recent survey. B: Administrator and the Food Services Director will monitor for compliance. C: 03/31/09	

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Y 283	Continued From page 16 Based on interview and record review the facility failed to ensure observation of the persons providing preparation and service of meals in the facility was provided by a registered dietician each calendar quarter. Findings include: There was documented evidence of observation of the persons providing preparation and service of meals on July 21, 2008 and October 23, 2008. There was no documented evidence of observation of the food and service staff for the other two calendar quarters. On 12/30/08 in the afternoon, Employee #1 indicated he did not know why there was only two quarterly dietary consultations as he was not at the facility during part of 2008. Severity: 1 Scope: 3	Y 283	Exhibit D	
Y 450 SS=D	449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.	Y 450	Y 450 A: Employee # 10 has updated her certification in CPR as well as First Aid. The Certification is good until 2010. B: Personal Care Director as well as the Administrator will monitor the personnel files frequently to ensure all employees are current With required certificates. C: 03/04/09	

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Y 450	Continued From page 17 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 1 of 10 employees had evidence of current training in first aid. Findings include: Employee #10 was hired on 9/30/08. There was no documented evidence the employee had certification in first aid. Severity: 2 Scope: 1 This is a repeat deficiency from the survey on 12/18/07.	Y 450		
Y 599 SS=G	449.268(2) Grievances NAC 449.268 2. The administrator of a residential facility shall provide a procedure to respond immediately to grievances, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a	Y 599	Y 599 A: All staff including employee #1 enrolled in a Class for elder abuse held on 02/20/09 by the Division of Aging Services which outlined how to prevent the abuse of older persons, mandated reporting, documentation of grievances, and allegations of abuse. as well as how to follow policy and procedure for abuse, neglect, and exploitation. Exhibit: E + F	

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Y 599	Continued From page 18 reason why no action needs to be taken. This Regulation is not met as evidenced by: Based on interview and documentation review, the facility failed to follow their policy for Abuse, Neglect and Exploitation. Findings include: On 12/30/08 at 12:05 pm, Employee #1 indicated he faxed the allegation of abuse (Activity Director found in the residents room) to the Chief Operating Officer (COO)/Vice President (VP) of the facility on 11/26/08. The employee revealed the COO/VP told him Human Resources would investigate the allegation. The employee indicated he has not heard from the corporate office regarding the results of the investigation. On 12/30/08 at 1:05 pm, Employee #1 indicated the caregiver requested $350.00 from Resident #10 due to she could not make her rent payment. Employee #1 interviewed the resident and the caregiver. Soon after counseling the caregiver, Employee #1 received a written report from the caregiver regarding the alleged abuse. Employee #1 revealed he interviewed the caregiver who made the allegation of abuse as well as the employee (Activity Therapist) and the resident #10. Employee #1 revealed both the alleged perpetrator and victim denied the allegation of abuse. Employee #1 indicated the COO/VP told him to talk with both employees and based upon the information received he was to make a decision since the COO/VP was located in the Arizona office. Employee #1 revealed he terminated the caregiver for exploitation of funds. The Incident/Accident Report related to the caregiver requesting money from a resident was	Y 599	B: Employee # 1 will ensure that at least every 3 months all staff members receive training on abuse, neglect and exploitation and the mandatory reporting requirement. An incident report will be prepared for any abuse, neglect, or exploitation to determine the circumstances of the event and to determine appropriate preventative measures to prevent any possible future occurance. C: 02/20/09	

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Y 599	Continued From page 19 dated 12/2/08. The letter written by the same caregiver regarding the allegation of abuse was dated 11/26/08 stating the incident occurred on 11/6/08. This does not coincide with the statement from Employee #1. Employee #1 indicated all employees are required to read and sign the "Abuse, Neglect and Exploitation Policy Version 1.0 Rev. 02-05." The policy stated "The Concorde will not tolerate verbal, physical, mental or sexual abuse, including involuntary seclusion of any resident by any staff member, other resident or visitor to The Concorde." The policy stated "...1.1 The law requires a telephone report is to be made as soon as possible to the Department of Human Resources Division for Aging Services HOTLINE. 1-800-992-5757 or the police..." The policy also states "1.4 All staff members will receive training on abuse, neglect and exploitation and the mandatory reporting requirements during orientation and periodically throughout the year." "2.1 An incident report will be prepared for any abuse, neglect or exploitation to determine the circumstances of the event and to determine appropriate preventative measures to prevent similar future situations." Employee #1 revealed there was no documentation of the conversations held with the employees and resident. Employee #1 admitted there was no notification to the Department of Human Resources Division for Aging Services regarding the abuse allegation. Severity: 3 Scope: 1 Complaint #NV00020234	Y 599	Exhibit G+H Y 870 A: Residents # 1, 2, 3, 5, 7, 8, and 9 will all have reviews done by either their doctor Or their pharmacist. By 03/31/09. B: The Director of Personal Care will monitor the Resident charts frequently to ensure that med reviews are done in a timely manner. C: 03/31/09	
Y 870 SS=C	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration	Y 870		

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Y 870	Continued From page 20 NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 7 of 8 residents residing in the facility for longer than six months (Resident #1, #2, #3, #5, #7, #8 and #9). Findings include: Resident #1 was admitted on 3/16/08. The only medication profile review available in the record was dated 12/08/08. Resident #3 was admitted on 9/25/07. There was a medication profile review in the record for 5/30/08, 7/3/08 and 10/31/08. Resident #8 was admitted on 8/19/07. There was no documented evidence of a medication profile	Y 870		

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Y 870	Continued From page 21 review in the record. Resident #2 was admitted on 12/1/07. The resident file lacked documented evidence the regimen of drugs taken by the resident was reviewed every 6 months. Resident #5 was admitted on 12/8/06. The resident file lacked documented evidence the regimen of drugs taken by the resident was reviewed every 6 months. Resident #7 was admitted on 2/1/03. The resident file lacked documented evidence the regimen of drugs taken by the resident was reviewed every 6 months. Resident #9 was admitted on 11/21/07. The resident file lacked documented evidence the regimen of drugs taken by the resident was reviewed every 6 months. Severity: 1 Scope: 3	Y 870	Exhibits(I)	
Y 876 SS=B	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.	Y 876	Y 876 A: As of 03/02/09 resident # 2, 3, and 10 have all signed or had their responsible parties sign an Ultimate User Agreement. B: Director of Personal Care will ensure that this form is signed upon admission. C: 03/02/09	

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Y 876	Continued From page 22 This Regulation is not met as evidenced by: NRS 449.037(6). The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered by the following persons: 6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement. NRS 454.213 Authority to possess and administer dangerous drug. A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by: 10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement. Based on record review, the facility failed to ensure that an ultimate user agreement was signed for 3 of 10 residents (Resident #2, #3 and #10). Findings include: Resident #2 was admitted on 12/10/07. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Resident #3 was admitted on 9/25/07. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident.	Y 876		

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Y 876	Continued From page 23 Resident #10 was admitted on 2/15/08. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Severity: 1 Scope: 2	Y 876		
Y 920 SS=D	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure medication was kept in a locked container in the room for 1 of 10 residents	Y 920	Y 920 A: Administrator will provide a locked box with keys for resident #5 to keep his meds in. B: Residents that manage their own meds will have a locked area provided to them for their meds. C: 03/31/09	

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Y 920	Continued From page 24 (Resident #5). Findings include: Observation of Resident #5's room (room 219) on 12/30/08 in the afternoon revealed medications were kept in an unlocked medicine cabinet. On 12/30/08 in the afternoon, Resident #5 and Employee #1 confirmed the medications were not kept in a locked container. Severity: 2 Scope: 1	Y 920		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission	Y 936	Y936 A: Resident # 10 had a negative chest x-ray on Admission as well as a neg. PPD 7 months after admission. We now have a permanent Director of Personal Care that will be Watching over residents. B: Director of Personal Care will monitor the resident charts frequently to ensure that residents whom have a neg. chest r-ray upon admission do not get another PPD done. C: 03/02/09	

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Y 936	Continued From page 25 to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his	Y 936		

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Y 936	Continued From page 26 designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person	Y 936		

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	NVS121AGC	A. BUILDING _____ B. WING _____	C 12/30/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDE SENIOR LIVING	2465 E TWAIN AVE LAS VEGAS, NV 89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 936	Continued From page 27 does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record. Based on record review, the facility failed to ensure that 1 of 10 residents complied with NAC 441A.380 regarding tuberculosis (Resident #10). Findings include: Resident #10 was admitted on 2/15/08. The resident's file contained a negative chest x-ray	Y 936		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Y 936	Continued From page 28 report dated 4/14/07. The file contained documentation the resident completed the required two-step TB skin testing on 9/11/08, 7 months after admission to the facility. Severity: 2 Scope: 3 This is a repeat deficiency from the 12/18/07 State Licensure survey.	Y 936		
Y1001 SS=F	449.2758(1) Training Requirements NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire for	Y1001	Y 1001 A: Employees #1, 3, 4, 5, 7, 8, 9, and 10 Have all been enrolled in a state approved training to be held on 03/31/09 by The Director of Personal Care. Employee # 6 is not a caregiver. She is a food server. B: Administrator as well as the Director of Personal Care will monitor personnel files frequently to ensure training requirements are met. C: 03/31/09 See Exhibit B	

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CONCORDE SENIOR LIVING	2465 E TWAIN AVE LAS VEGAS, NV 89121

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Y1001	Continued From page 29 9 of 10 employees (Employee #1, #3, #4, #5, #6, #7, #8, #9 and #10). Employee #1 was hired on 5/27/08. There was no documented evidence of 4 hours of training related to the care of the elderly. Employee #3 was hired on 9/16/08. There was no documented evidence of 4 hours of training related to the care of the elderly. Employee #4 was hired on 2/11/06. There was no documented evidence of 4 hours of training related to the care of the elderly. Employee #5 was hired on 4/29/08. There was no documented evidence of 4 hours of training related to the care of the elderly. Employee #6 was hired on 11/9/07. There was no documented evidence of 4 hours of training related to the care of the elderly. Employee #7 was hired on 7/18/08. There was no documented evidence of 4 hours of training related to the care of the elderly. Employee #8 was hired on 5/8/07. There was no documented evidence of 4 hours of training related to the care of the elderly. Employee #9 was hired on 2/14/07. There was no documented evidence of 4 hours of training related to the care of the elderly. Employee #10 was hired on 9/30/08. There was no documented evidence of 4 hours of training related to the care of the elderly. Severity: 2 Scope: 3	Y1001		

Bureau of Health Care Quality & Compliance

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Y1001	Continued From page 30 This is a repeat deficiency from the 12/18/07 annual State Licensure survey.	Y1001		